# LOUISVILLE MEDICAL NEWS.

*"NEC TENUI PENNA."*

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EDITORS.

## ADULTERATIONS OF DRUGS.

The admirable report of Prof. Diehl on Drug Adulterations, issued by the National Board of Health,* is before the profession.

There is in this report grounds for a crusade if a preacher could be found patient, devoted, and passionate enough to rouse the people from their indifference. Here is a history of various attempts, more or less successful, extending over thirty years to prevent the wrongs named in the title. The more detailed portion of this history is derived from the reports of the American Pharmaceutical Association. The pharmacists are the first to complain, and the most persistent in presenting facts to make it clear that doctors and patients should join the hue and cry. Doctors know that their medicines are uncertain, are variable in their effects, and suspect impurity.

It is surprising how apathetic most of them are when assured that one good reason why the practice of medicine is not a science is that the material they use is not definite in strength, and therefore the experience of one case can not be depended upon as a guide to the use of drugs in another. The two samples will most likely vary to a degree sufficient to upset a calculation. The effect of the second sample, as compared with that of the first, is either less or more. In Table II in the column giving the commercial quality of two hundred and twelve drugs and chemicals in common use, one counts eighty-nine pronounced by authority as good, forty-eight as fair, and the remaining seventy-five are variable or generally bad. Only forty-two per cent can be called good in the average run.

The feeling of discontent or disgust which Mr. Diehl openly avows is the sentiment of respectable pharmacists every where. The necessities of a trade in which systematic fraud is practiced by some of the great dealers holds in an iron grip the pharmacist who longs to give to his people the pure article they call for. Nothing but a system of inspection, such as Germany and England have introduced, can be of much assistance. Until the millennium comes men will cheat for gain, but by increasing the risk of detection and imposing due penalty for offense the state can help.

Let all earnest men, doctors and laymen, join the pharmacists in educating the people to know their wrongs in agitating with lawmakers for a legal remedy and in prosecuting the offender vigorously, whether he be manufacturer, importer, or druggist. While Mr. Diehl's contribution is not voluminous it is comprehensive. The pungency and strength of it is the best contribution to the subject that our language has offered. A copious bibliography that has apparently been well searched gives assurance of its thoroughness. If it is well distributed by the National Board of Health it must give a decided impetus to an important branch of state medicine.

It is pleasant to find that in the second report of this supplement, on the adulteration and deterioration of food, Dr. R. C.

*Report on Deteriorations, Adulterations, and Substitutions of Drugs. By C. Lewis Diehl. Bulletin of the National Board of Health. Supplement No. 6.

Kedzie takes occasion to note that the profits of dishonesty in the great staples of diet hardly pay for the trouble. He has never found flour or meal or sugar adulterated in this country. On the other hand, out of seventeen specimens of table-syrups fifteen consisted mostly of glucose made from Indian corn. It is probably as wholesome as syrup from cane-sugar, but not so sweet. The purity and sweetness of honey are lowered by the same adulteration.

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## Original.

### DIET FOR THE SICK.

**LECTURE NOTES FOR THE MEDICAL CLASS, UNIVERSITY OF LOUISVILLE.**

BY J. W. HOLLAND, M. D.
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KINDS OF FOOD—CONTINUED.

*Cracked wheat* is sometimes taken with the special object of keeping the bowels open. Very thorough boiling is required to make the starch-cells soluble. Served with cream and sugar it is palatable and nutritious, though it is not so easy of digestion as to make it always advisable for ailing stomachs.

*Farina.* Under this title the crushed kernel of wheat has been extensively used. In addition to starch it contains albuminoid matter to a greater amount than a similar preparation from corn. The starch grains absorb water in cooking, and are readily transformed by the process of digestion. When thoroughly cooked, by long exposure to the boiling temperature of milk, it is excellent for the sick. By serving it with cream its lack of fatty matter is agreeably made up.

*Corn bread,* owing to the absence of a glutinous constituent in the meal, can not be made from a dough. It is on this account often made heavy and less digestible than wheat bread, which readily puffs out into a spongy loaf. When prepared according to correct culinary rules it is cheap and nutritious, though for the invalid it ranks below similar preparations from wheat. It may, however, be given for variety or when a laxative is called for.

*Gruel* presents corn meal to the invalid in its simplest preparation. Rich in starchy and albuminoid matter, it contains some proportion of all the food-principles in the liquid state, and deserves the universal favor it has received. If not boiled for a long time its starch-grains remain insoluble and its value is lowered.

*Rice* is remarkably rich in starch, though much poorer in fat and albuminoid matter than wheat or corn. While it may not be looked upon as a strong diet it is easy of digestion, requiring only one hour's time. Its deficiencies can be removed by cooking it with milk. It should be well boiled. A thin mucilage known as rice-water, is an excellent drink in fevers and irritable states of the bowels.

*Oat meal* has a higher reputation as a strength-giver than wheat flour, but unless the invalid has a taste for it, cultivated from infancy, it will not be preferred. It requires prolonged boiling to thoroughly cook or break up its starch-cells, and then yields an exceedingly firm jelly.

*Barley,* by prolonged boiling, makes a good demulcent drink called barley-water. The ease with which its starch is changed into sugar by the sprouting process has led to its use in the manufacture of malt.

*Extract of Malt.* Several extracts of malt offered to the doctor as medicines are deservedly held in high estimation. These are truly foods for the sick and fall within our scope on that account. If an infusion of malted barley be concentrated to a syrupy consistency at a low temperature, so as not to impair the fermenting power of its diastase, a malt extract is produced. In this condition it has the taste of molasses with a touch of barley flavor. It has all the food value of a syrup already digested joined to a faculty of digesting other quantities of starchy food imparted by the diastase. When from disease there is an arrest or diminution of the secretions which transform starchy food and make it fit for absorption, some such aid is called for. The dry mouth, whenever occurring, is due to feeble action of the salivary glands and plainly denotes that their work if possible, should be done artificially. Usually the malt extract is given in tablespoonful doses after meals. Dr. Roberts, of Manchester, has lately shown that to secure the object in view the dose should be sipped with the meal, so as to mix with the starchy food in the mouth and supplement there the scanty saliva. Its energy is checked in the stomach by the acid of the gastric juice. He also suggests that a plain extract, without hops, can be conveniently spread upon bread or used to sweeten puddings or

gruel, and thus an effectual commingling be secured.

*Corn-starch and Arrow-root.* These are finely-divided flours made of the starches of corn, potato, and arrow-root, from which all the other food-principles have been perfectly separated. If cooked without the addition of other aliment, such as milk, they are quite inadequate to sustain life. Their popularity with nurses is due to the rapidity with which they are prepared, and their property of taking up easily any agreeable flavor or wine. By using milk in making the jelly a nutritious and palatable restorative can be made in five minutes. They are digested in one hour.

*The potato* contains all the forms of food-principles in some proportion, though water and starch are in greatest abundance. It is of great worth to prevent scurvy, containing a very large proportion of the salts of potash, for which the succulent vegetables are especially to be commended. For many years the Irish people flourished upon a diet composed of potatoes and milk exclusively. The new potato is more solid and waxy than the old, which appears in time to ripen into a mealy state more favorable to digestion. A hot oven for baking or exposure for half an hour to water boiling to begin with are required in cooking.

*Peas and beans* rank high as concentrated aliments, but owing to the difficulty of digesting them and a tendency they have to constipate, they are banished from the sick-room.

*Other vegetables and the edible fruits* stand at a low grade among foods for invalids. They are sometimes prescribed for scurvy, but generally they are hurtful because of the large residue of woody matter they contain. The rare exceptions to this rule have no common trait to guide us in the sick-room.

*Sugar* in its pure form is widely used to sweeten food. It is present in wheat, corn, and other cereals, and in milk. Foods of the starch and sugar group are supposed to minister chiefly to the body-heat, and can not long be dispensed with in disease nor in health.

*Butter* is the pure fat, served unmixed, which is found most palatable to invalids. By subjecting the solid fats of beef and pork to a patent process a substitute has been prepared called butterine or *oleomargarine.* A report to the French Academy, based on trials made in the asylums of Paris during three years, pronounces it intolerable to the taste of some, whether given alone or used in the cooking. It was found unfavorable to the health of delicate patients, and in accordance with these facts the asylums were advised to discontinue its use. The destiny of fatty food is force production and formation of adipose tissues.

*Beef* is the type of substances in which the albuminoid principle is the most important. It contains, beside this, fat, water and the mineral salts. The members of the meat class commonly used in feeding the sick are beef, mutton, chicken, and game. While the fiber of the young animal, as veal and lamb, is very tender, it is not so digestible as at maturity. Mutton is considered a lighter tax upon the stomach than beef. The fact that beef is the most nutritious kind of flesh is not enough to make it always acceptable to the weak who need it most. The taste must sometimes be gratified with something less nutritious, having for the time a superior flavor. Mutton is often preferred instinctively by those who make but little physical exertion, as women, the sedentary, and invalids. The size of sheep and swine makes their product far more convenient than beef. In thinly-settled districts it would be very wasteful to slaughter beef, it must on this account frequently be left out of the question. Pork is less nutritious than either of the others, having a larger proportion of fat. The fiber is relatively hard and less apt to be thoroughly divided by chewing. As a rule it should be forbidden. Sometimes, however, occasion may arise when a craving for it may be considered the voice of nature. The relish for food should be respected so far as to try the experiment, even if pork be the object. Children afflicted with wasting diseases sometimes turn from the simpler and more wholesome food with loathing and devour fat bacon with avidity. Very frequently a gratified craving like this is the turning point toward health.

*Beef Extracts, Teas, and Soups.* The albuminoid or flesh-forming principle of meats is coagulated by hot water and either remains in the meat or is skimmed off the extract. The water has taken up the mineral salts and the flavoring principle, but is devoid of the nutriment commonly supposed to be dissolved in it. It must not be forgotten, however, that there are other food-principles besides those of the flesh-forming class. Soups and beef tea are usually not only grateful to the delicate stomach but decidedly stimulating in their effect, and through their action on the heart and nerv-

ous system may do a work which a more substantial aliment would fail to do. They are sometimes well borne when even milk is refused; requiring no effort of digestion, they rapidly diffuse into the blood and therefore deserve a prominent place in the dietetics of the sick-room. If one wishes to give the missing albumen with the soup or tea there are preparations known as meat essences to be had. These essences are prepared at a temperature below the coagulating point of albumen and are further strengthened by the expressed juice. No meat extract, tea, soup, or essence is fitted to be an exclusive diet. It should be given with bread-crumb or in a gruel, when, as in prolonged illness, the dangers of inanition arise.

*Blood*, notwithstanding the biblical injunction, has been used as a restorative for hundreds of years. In cities it is customary for chronic invalids to drink it at the slaughter-houses with no other preparation than that of removing the fibrin by stirring. It spoils so readily that care must be exercised to serve it promptly. The fresh blood of poultry taken with wine or coffee to flavor it has been found no less useful than the blood of cattle. Certainly it would be less revolting to a sensitive stomach to partake of this at home than to face the sights, sounds, and associations of the shambles. As a remedy for sudden prostration from hemorrhage fowl's blood is highly praised and has obvious advantages over transfusion.

*Chicken* differs but little from the flesh of cattle in the proportion of nutriment which it contains. There is less fat and a more delicate flavor, hence it is often regarded as unfit to be the leading article of healthy persons' diet. In truth it is quite nutritious as well as digestible, and is in every way suitable for the sick.

*Eggs*. The white of egg contains albumen and water with little else. The yolk contains beside these a large amount of fat, various salts, and other important constituents. Egg is sometimes mixed raw with alcoholic drinks to make a very stimulating food. The most digestible way of serving it is to boil in water just long enough to cause white flakes to form in the albumen. The hard boiled egg is to be avoided. A very feeble stomach will digest the yellow so much better than the white that at times it may be well to discard the latter. It is a frequent ingredient of compound foods such as puddings, and whenever used enriches the dietary to a high degree.

*Milk*. The value to the invalid of milk and its preparations can not easily be exaggerated. It is a complete dietary in itself presented in the most digestible condition, and may alone serve to support the life of an invalid indefinitely. It is about nine tenths water. There are other members of the first group in it—chlorides of sodium and potassium and phosphates of iron, sodium, calcium, and magnesium. It has a sugar known as *lactose*, a fat called *butter*, and an albuminoid *caseine*. The *lactose* easily changes into lactic acid by a fermentation and then *caseine* forms a *curd*. The residual liquid is called *whey*. After the separation of butter by churning there is left in the buttermilk caseine, lactose, and the salts sufficient to make it still worth using in diet. It is often drunk sour. When from any cause milk can not be obtained fresh or of unexceptionable quality "condensed milk" can be used. It is usually found in the groceries put up in tin cans hermetically sealed. By evaporation and the addition of sugar cow's milk is reduced to the consistency of a soft solid. It keeps well through all seasons, and by mixing it with a suitable amount of water a very good substitute for fresh milk can be had at a moment's notice. It is plain that none but good, sweet milk to begin with and the nicest attention to cleanliness could give a product that keeps sound as this does for an indefinite time. It is preserved by the addition of two ounces of sugar to the pint, and is therefore sweeter than the original. Defects of constitution as a diet may be supplemented by diluting the condensed milk with barley-water.

*The oyster* has a flavor agreeable to invalids. Its value as nutriment is probably exaggerated. The effect of cooking is to diminish its digestibility. In this respect the oyster stands alone among the articles that furnish albuminoid matter. It is explained in this manner: The dark and rounded part which is about half its substance is the liver. The sweet principle of the liver or glycogen is readily digested by another constituent, the diastase, when the two are mixed by mastication. Eaten raw, and in most cases with no other condiment than salt, it gives to the palate a pleasant thrill and taxes the stomach to a very slight degree. A very delicate person may set aside the hard, muscular disk without much loss of nutriment and with a gain in digestibility.

*Tea and coffee* are usually served with cream and sugar and then have the food-value of these additions. Notwithstanding the fact that when taken alone their nutri-

tious quality is about nil, they fill a place in dietetics not to be despised. Like beef tea they stimulate the heart and the nervous system. Tea is much preferred by the sick even if when well coffee is his beverage.

[TO BE CONTINUED.]

## Correspondence.

### PROF. VAN BUREN ON BIGELOW'S METHOD.

*To the Editors of the Louisville Medical News:*

Thanks for your kind note. Would have responded sooner but for an attempt to gain a little vacation, which, while Dr. Keyes is in Europe, I find no easy matter. Midsummer brings to the metropolis a certain proportion of surgical visitors, among whom the cases of stone in the bladder just now interest me most in consequence of the accumulating evidence in favor of the new operation. Within a week I have subjected three cases, aged respectively sixty-seven, sixty-five, and sixty-three, to rapid evacuation by lithotrity—the litholapaxy of Bigelow — removing the stone entirely at one sitting under ether, with excellent results. In all of these cases the stone or stones consisted of hard urates and uric acid with no phosphatic addition; the time employed was twenty, forty, and fifty-five minutes, and the corresponding weights ninety, one hundred and thirty, and two hundred and twenty-five grains; in all three the prostate was enlarged; in one of them very much so, rendering it necessary to pick up the fragments with the jaws of the lithotrite reversed, from a deep pouch behind the enlarged gland; but this case did better in some respects than the others.

Since I recognized the great fact of the extreme tolerance of the bladder, first fully demonstrated by Bigelow in 1878, I have done no other operation for stone *in the adult*, and the cases in which I have been more or less directly concerned, now numbering more than thirty, show but one death.

When we call to mind the conclusions arrived at when Sir Henry Thompson's analysis of five hundred cases of stone was presented and discussed at the Medico-Chirurgical Society of London, the results of which were accepted as the best attained up to that time by lithotrity, and which justified Sir James Paget in deciding that he should still regard lithotomy as the rule in operating for stone and reserve lithotrity for exceptional cases, we can hardly fail to recognize that this conclusion is in the way of being overturned by the American innovation of evacuation by lithotrity and the washing-bottle at one operation, applied to all cases. I received recently a copy of the last edition of his well-known work on lithotomy and lithotrity from Sir Henry Thompson, and after studying his latest expression of opinion concerning this new method of operating, I confess to a feeling of regret and disappointment that this eminent writer has not more fully and frankly acknowledged that our countryman Bigelow was the first to prove by demonstration the heretofore unsuspected tolerance of the bladder under lithotrity, and to propose this discovery as the basis of a new method. I have practiced and taught the old operation of lithotrity for many years, following the methods and teachings of Civiate and Thompson but I am free to confess that until Dr. Bigelow made public his results in 1878 I had never been led to suspect from the teachings of these eminent authorities that the bladder could be relied upon to tolerate the continued use of crushing instruments for an hour or longer without serious consequences. Before Bigelow the practice had been uniformly enforced of short sittings, through fear of harm from the prolonged contact of instruments. I have in more than one instance been compelled to resort to lithotomy after a first short seance of lithotrity, in order to get rid of a mass of sharp-edged fragments which had got up an acute cystitis. I shall never again be exposed to this dangerous necessity, for I am satisfied, by my own experience of the new method that in any case justifying a resort to lithotrity, the operation should be continued until all fragments have been removed. In other words, the danger in the crushing operation arises, not from the prolonged and careful use of instruments in the bladder, but from leaving fragments capable of keeping up irritation within its cavity. If the bladder is left free from fragments there is little subsequent danger.

Of course a prolonged seance of lithotrity and washing would be hardly possible without anesthesia. If possible it would be attended pretty certainly by greater difficulty and danger. I have repeatedly been struck with the facility with which full-sized evacuating tubes entered the bladder during anesthesia, in cases of stone with enlarged prostate, in which the previous use of the more delicate searcher, without ether, had

given evidence of a long, narrow, and tortuous passage. Sir James Paget assumed, on the occasion already mentioned, that the operation of lithotrity in the skillful hands of Sir Henry Thompson had reached its greatest perfection as to detail, and its highest probable percentage of success, and that further improvements were not to be looked for, and this assumption was received with acquiesence. It is becoming every day more evident that since this assertion a novel feature which promises to do away with most previous teachings and to greatly enhance its successful daily use has been added to lithotrity. This novel feature is the hitherto unsuspected tolerance of the bladder under prolonged instrumentation and its successful demonstration. The credit of this demonstration belongs to Bigelow. It was almost grasped by that excellent surgeon Moore, of Rochester, N. Y. (Trans. Amer. Med. Assoc. 1872), who only lacked opportunity to mature his "new method." The great utility of anesthesia in diminishing its pain and danger renders the prolonged operation practicable for daily use. It is therefore doubly an American improvement in the treatment of stone in the bladder. I have been looking for some evidence from the enterprising surgeons in your stone region concerning the new operation.

Yours very sincerely,

WM. H. VAN BUREN.

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## Reviews.

**Health and Healthy Homes: A Guide to Domestic Hygiene.** By GEORGE WILSON, M. A., M. D., Medical Officer of Health for Mid-Warwickshire Sanitary District, and author of Handbook of Hygiene and Sanitary Science. Fourth edition. With notes and additions, by J. G. RICHARDSON, M. D., Professor of Hygiene in the University of Pennsylvania, Membre Associé etranger de la Société Française de Hygiène. Philadelphia: Presley Blakiston, 1012 Walnut Street.

This work can not fail to interest any intelligent reader. It contains much that is valuable, and gives in perspicuous and attractive language the accepted doctrines of the sanitarians of the day. Food, drink, clothing, heat, cold, ventilation, exercise, cleanliness, the various organs and functions—in a word, all matters pertaining to health—are ably discussed.

The following excerpts from various parts of the book will convey some idea of its contents:

Out of every thousand children born in England, one hundred and forty-nine succumb on the average before the first year of life is reached, and before the age of five years as many as two hundred and sixty-three.

In Liverpool, which represents the most unfavorable sanitary conditions, the number is four hundred and sixty, or two hundred and eighty-five in excess of the deaths in healthy districts.

Returning now to the seven hundred and thirty-seven survivors, who on the average reach the sixth year, we find that most of them have been attacked by one disease or another, and diseases of a kind which fortunately seldom recur in the same individual. So the total deaths in the following five years are comparatively few, and only amount to thirty-five, about a fourth of which are due to scarlet fever, which still attacks some who had previously escaped. From ten to fifteen years of age the deaths are fewer than at any other period, and only number eighteen. But after the age of puberty has been passed the mortality begins to increase, especially among women, and consumption claims a considerable share of the death-roll; indeed, between the ages of twenty and twenty-five nearly one half the number who die succumb to this fatal disorder, and fever is associated with it as the great preventable disease. Melancholy suicide begins to contribute its victims, the worries and anxieties of life induce fatal brain-affections, deaths by accident among males become more numerous, insanity in both sexes looms on the horizon, and childbirth among women has its fatalities.

At twenty-five years of age we find the number of travelers on life's journey reduced from one thousand to six hundred and thirty-four, and sixty-two drop off before the age of thirty-five is reached.

Out of the thousand born only four hundred and thirty-four, or less than one half, reach the age of twenty-five, and only three hundred and sixty are alive at thirty-five; whereas in healthier districts as many as seven hundred and twenty-seven live to the age of twenty-five, and six hundred and sixty-seven survive ten years longer.

Between the ages of thirty-five and forty-five the five hundred and seventy-two survivors at the former age are reduced by sixty-two; and now we come to the middle arch of life, when the ranks are thinned of one half their number. A few months after the age of forty-five is reached the one thousand lives are reduced to five hundred, and when fifty-five is reached the numbers are still further reduced to four hundred and twenty-one.

From the age of fifty-five and onward the numbers thin with increasing rapidity. Out of the four hundred and twenty-one who enter this stage of life, only three hundred and nine reach the age of sixty-five, and one hundred and sixty-one the age of seventy-five. . . . Only thirty-eight out of the thousand reach the age of eighty-five. At the age of ninety-five but two survive out of the thousand, while only one out of every four thousand born reaches the age of one hundred.

*Our Natural Life.*—Dr. Farr, who is perhaps better able than any other authority to give an opinion upon this point, has estimated the natural lifetime of man to be a hundred years. . . Old age may be said to commence about sixty, with some a little earlier, with others a little later.

The results of sanitation as quoted from Mr. Chadwick are thus stated:

1. We have gained the power of reducing the sickness and death-rate in most old cities by at least one third, or to sixteen or seventeen per thousand of the population.

2. In new localities with healthy dwellings, properly-constructed drainage, and a pure water-supply, we may reasonably look forward to insuring a death-rate of only ten per thousand, or less than one half of the present average death-rate.

3. In well-provided and well-regulated institutions for children, and in prisons and other places under effective sanitary control, the death-rate is not only enormously reduced when compared with that of the general population of the same ages, but a practical immunity can be secured against zymotic diseases.

4. Among the general population a reduction by full one half of diseases of the lungs may be effected by general public sanitation.

The death-rate in London has been lowered from eighty per thousand in the seventeenth century to fifty per thousand in the past century, and to twenty-four per thousand at the present day.

*Alcohol.*—I am frankly of opinion that the moderate use of alcoholic stimulants has not been proved to be detrimental to the health of persons who may be said to partake of them daily, but who are careful never to exceed. To many people, and especially to the slightly dyspeptic, they frequently prove valuable aids to digestion; to the thoroughly temperate they make the wheels of life run more smoothly, without in any way injuring its machinery; while to the aged they often prove a boon by imparting warmth as a respiratory food, and by inducing refreshing sleep, which would otherwise forsake the pillow. If, again, we look at the broader aspects of the question, we find that civilization itself exhibits a strange unison with the consumption of alcohol. Compare, for example, the average physique and mental culture of beer-drinking Germany and whisky-drinking Scotland with those of moderate Spain and abstemious Turkey; and, making every allowance for racial differences and differences of climate, we can, at all events, discover no reliable ground for the doctrine, so persistently advocated by many, that alcohol is in itself a poison, or that its use need necessarily prove the curse of this or any other country.

The American editor, Dr. Richardson, very truly adds:

This defense of moderate drinking, "in the strict sense of the word," is, I am happy to say, better suited to the social atmosphere of England than to that of the more enlightened portions of America. An observant traveler soon learns to think that the English rear so many drunkards *because* they are a nation of moderate drinkers. I consider that no man who has formed the habit of drinking is competent to decide for himself when or how much spirits is good for him; and my advice to every one is never to taste alcohol except on the written prescription of a reputable physician.

At the same time I am free to admit that the great majority of healthy men and women can get on very well without alcohol, and that the quantity which can be partaken of habitually, without risk of endangering the health, is for most people comparatively small. . . As regards physical endurance, it has been proved over and over again, in fatiguing campaigns and long, weary marches, that the soldier who abstains can face danger with as stout a heart and march with as firm a step as the soldier who takes the spirit ration. All this goes to prove that alcohol is not absolutely necessary to health; and, indeed, when an appeal is made to the statistics of life-assurance societies, the argument appears to be very much against even what is called moderate drinking.

Stimulants should never be given to children, and young people would be much better if they were to avoid them altogether. People who suffer from rheumatism should not drink beer, and those who have a gouty tendency should also avoid beer, rich wines (port or Madeira), and champagne. Finally, it may be laid down as a rule that, if health is to be enjoyed to the full, stimulants, if used at all, should be used sparingly and with the greatest caution.

*Deaths from Acohol.*—The late Mr. Wakely, coroner for Middlesex, and his successor, the late Dr. Lankaster, both agreed that one tenth of the entire mortality among us resulted from alcoholic excess.

*Tobacco.*—Used in moderation and at proper times, tobacco produces a certain soothing influence without exercising any tangible injurious effect. . . Tobacco-smoking, when contracted as a habit, has a most deleterious action on boys and lads who have not stopped growing. It arrests their growth, and not only so, but it produces an enervated state of the system, which tends greatly to impair muscular and mental activity.

*Ripe Fruits.*—Ripe fruits—such as apples, pears, oranges, strawberries, etc.—though not of much nutritive value, are prized on account of their agreeable flavors.

This is a very great error. Birds, pigs, and people fatten wonderfully on ripe fruits. Except sugar-cane juice, no vegetable substance is equally fattening.

*Milk.*—The foremost place among animal foods must be given to milk, inasmuch as it is a complete food, containing all the constituents necessary for nutrition and growth.

After the child is weaned, and up to the eighteenth or twentieth month, when the eye-teeth are cut, milk should still continue to form a considerable portion of the diet; and indeed during childhood it may be laid down as a rule that *it can not wholly be dispensed with without detriment to health.* Dr. Ferguson, a factory-surgeon, who has devoted a large share of attention to this subject, has ascertained, from careful measurements of numerous factory-children, that between thirteen and fourteen years they grow nearly four times as fast upon milk for breakfast and supper as on tea and coffee—a fact which proves incontestably that milk is essential to the healthy nutrition of the young.

*A Harvest Beverage.*—An excellent drink for laborers, especially when employed at very active work, may be made from oat meal and water, with a little salt to flavor. It is nourishing as well as refreshing, and is infinitely to be preferred to beer to allay thirst.

*Stinting Children.*—Above all, there should be no stinting; because, with very rare exceptions indeed, the natural instinct of a healthy child is a safeguard against gluttony.

*Small Stature of Convicts and Lunatics.*—The average height of three hundred and sixteen convicts received into the hard-labor prison at Portsmouth during the year 1871 was only five feet five

inches; and Dr. Beddoe's statistics of the lunatics in London, Birmingham, and Nottingham yield an average somewhat below this.

*The Middle-age Britons.*—Those who are acquainted with the social history of England, and the home-habits of the people during the dark or Middle Ages, and even up to more recent times, will have no difficulty in accounting for the terrible epidemics which frequently devastated the country, and the excessive mortality from all causes, which prevented any material increase of the population for centuries. The cities and towns were for the most part walled-in fortresses, and were therefore highly favorable to overcrowding and stagnant air. Cleanliness of person and home were alike utterly neglected, so that filth accumulated every where. With the exception of the castle, which was built more for defense than comfort, the homes of the people consisted almost entirely of hovels, with mud walls and thatched roofs; while the floors, which were generally made of loam, were covered with layers of rushes, and these, being seldom removed, harbored all sorts of abominations. The streets were dark, narrow, and tortuous, unpaved, and without sewers or drains. The rural population, upon the other hand, were scattered in slight hovels over dreary wastes and undrained marshes, so that rheumatism, ague, and other diseases were constantly rife among them. Among all classes the clothing worn was immoderately thick and warm, and was seldom changed night or day. Add to all this that gluttony and intemperance were prominent characteristics of the sturdy fighting Briton of medieval times, and it will be readily conceded that the habits and habitations of our forefathers were alike inimical to health, and could not fail to foster epidemic diseases and preventable disorders of every description.

*The Modern Prison.*—It sounds like a grim satire on the boasted civilization of the present day, but it is no less true, that the modern prison is in all sanitary essentials the best existing type of what a healthy dwelling ought to be, and even on that model there is considerable room for improvement.

*Light in Rooms.*—Many people have an objection to direct sunlight in rooms, because of its fading effect on the colors of carpets and curtains, but that may be guarded against by proper selection of blinds, and in any case the gain to health should overrule any possible damage to the furniture.

*Water-closets and Bath-rooms.*—The best of all positions for water-closets is to erect them in an isolated block, built tower-fashion, and abutting against an outer back wall of the house, with a closet upon each floor if deemed necessary, and the supply-cistern on the top. There should be a small ante-room or passage between each closet and the house, but large enough to admit of sufficient cross-ventilation by means of open windows, windows with ventilating panes, or special ventilators. A double set of doors would be required; one leading into the house, which might be a swing door, and the other cutting off the passage from the closet. The closet itself should be well lighted by a window having double sashes and extending up to the ceiling; and in order to insure that it shall always be well ventilated, it is a very good plan to keep the top half of the window permanently nailed open for some distance. This is especially necessary when the closet is not cut off from the rest of the house as here recommended, because any foul effluvia are much more likely to be drawn into the house on account of the inequality of the inside and outside temperature, and particularly during cold weather. Additional ventilation may be secured by inserting perforated air-bricks in the outer walls and close to the ceiling. In smaller-sized houses the closet may be simply projected from the building, with the seat facing the door, and with two opposite windows reaching to the ceiling, and situated between the seat and the door, both of which ought also to be kept fastened down for some distance.

Bath-rooms and lavaratories can be placed where most convenient, but it is desirable that they should not be in too close proximity to water-closets, and that they should be situated on the bedroom floors. The waste-pipes from them should never be made to discharge directly into the soil-pipe or drain, but should always be carried outside and disconnected.

*The Plague in London in* 1348.—In London alone one hundred thousand persons fell victims to the disease, while throughout Europe it has been estimated that twenty-five millions, or a fourth part of the entire population, were swept away.

*Smallpox.*—According to Dr. Guy, the deaths from smallpox which occurred in London during the ten years ending 1799 amounted to 22,863 per million of inhabitants; during the ten years ending 1819 the number was reduced to 8,045 per million; and during the ten years ending 1849 the number was still further reduced to 4,798. It therefore appears that, in round numbers, the death-rate has been lowered from nearly twenty-three thousand per million inhabitants to a little over eight thousand in twenty years, and to less than five thousand in thirty years more.

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## Books and Pamphlets.

REPORT OF ONE OF THE DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION TO THE FOREIGN MEDICAL ORGANIZATIONS (1879–80). Progress of Metric Uniformity at Atlanta, Cork, Montpelier, Amsterdam; Numerical Method of Observation; Instruments of Positive Observation; The Law of the Incontrovertibility of the Forces extended from Physics to Physiology; Metric Uniformity; Metric Records; Medical Mathematism.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF ARKANSAS AT ITS FIFTH ANNUAL SESSION. Little Rock: James Mitchell, State Printer. 1880.

This publication evidences a commendable spirit of scientific enterprise. The great state of Arkansas has reason to be proud of her State Medical Society.

NANA. By Emile Zola. Translated by John Stirling. Philadelphia: T. B. Peterson & Bros. Price, seventy-five cents.

The biography of a dashing Parisian prostitute, related in minute details with brutal frankness. It is only calculated to tickle the filthy fancy of the inhabitants of brothels and to delight the prurient imagination of depraved boys.

A FEW CLINICAL FACTS OBSERVED IN THE USE OF DEXTRO-QUININE. The Annual Supplement to the Monthly Review of Medicine and Pharmacy. Keasbey & Mattison, publishers, Nos. 328, 330, and 332 North Front Street, Philadelphia.

LUNACY REFORM. IV: THE RIGHT OF THE INSANE TO LIBERTY. By E. C. Seguin, M.D., one of the Consulting Physicians to the Hudson River State Hospital for the Insane, etc. Reprint from Archives of Medicine, August, 1880.

Dr. Seguin is an authority in matters pertaining to the insane. The following quotation shows the spirit of the essay. It is an exceedingly interesting and important paper:

It is fair to say that in the present state of psychiatry in America, to be pronounced insane by physicians, by a judge, or by a jury means imprisonment for months, for years, or for life. To put it in another way, there is a disease which reduces its victims to a level with persons accused of crime, and exposes them to loss of liberty, property, and happiness.

Is this just? Is this worthy of a country like ours, which aims to be foremost in works of philanthropy and preëminent as regards individual liberty?

ARTIFICIAL INFLATION AS A REMEDIAL AGENT IN DISEASES OF THE LUNGS. By W. Y. Gadbury, M.D., Yazoo City, Miss. Read by Dr. J. Solis Cohen, M.D., before the American Medical Association, in New York, June, 1880.

Dr. Gadbury's instrument is thus described by him:

One was improvised by removing the spray-tubes from a Richardson hand-ball and bulb atomizer, and inserting in place of the spray-tubes a mouth tube. After repeated trials upon myself I became satisfied that fresh air could be forced into the lungs in the following manner: Insert the mouth-tube into the mouth with the left hand; take a deep inspiration, and with the fingers of the same hand close the lips and nostrils, and work the hand-ball rapidly with the right hand so long as the patient can bear it. In a healthy subject the operation is painless, and may be prolonged for a minute or more; but to a person with diseased lungs it is at first disagreeable, although not painful, and the patient complains that he can not force in much air. However, practice soon enables him to pump the air freely into the lungs and for a longer period each day.

After frequent use it affords great comfort to those who suffer from a feeling of suffocation, and have diminished capacity of these organs.

The doctor explains the action and uses of his instrument as follows:

Inflation forces fresh air into the lungs, expanding unused capillary-tubes and air-cells; displaces the residual air and noxious gases; excites cough and expectoration, which removes morbid secretions at once, thereby lessening the danger of infection from unhealthy accumulation, and obviates the necessity for expectorant medicines, which often disturb the digestive organs; oxygenates the blood; promotes absorption; relieves dyspnea; gives impetus to pulmonary circulation; reduces temperature in fever; desiccates the fluids in the air-passages.

Beneficial effects may be derived from it in croup, diphtheria, bronchitis, asthma, tuberculosis, hooping-cough, asphyxia, chloroform-poisoning, shock, foreign bodies in the air-passages, and many other obstructive lesions in the pulmonary organs.

The cases recounted by Dr. Gadbury and Dr. Holmes in this pamphlet bear indubitable evidence of the enthusiasm of the writers, but not, we think, of the efficiency of the treatment.

Dr. Cohen, of Philadelphia, thus descants of its merits:

There is one use of the Gadbury method, however, to which I desire to call the attention of the profession prominently, and that is its employment as a mechanical expectorant. Time and again I have placed the little compressor in the hands of a patient with bronchioles and air-cells clogged with mucus and pus, to see its use immediately followed by copious expectoration, to the great comfort of the patient. The process is repeated until it ceases to be followed by expectoration, and there is absolute or relative relief from the desire to cough, until reaccumulation indicates a renewal of the procedure at intervals of a couple of hours or longer, according to circumstances. I have frequently availed myself of this method of clearing the air-passages previous to careful physical examinations, when abundance of moist râles were present, and have been better able to estimate the actual conditions of the respiratory organs on auscultation afterward. Hence in chronic bronchitis, of whatever origin, compressed air can be employed with advantage in this way, to discharge the mucous accumulations from the air-passages, and spare them much of the topical irritation to which they are otherwise subjected. In a few instances I have seen chronic bronchitis relieved by the use of this method, without any medication whatever, and far more rapidly and effectually than follows the administration of medicinal expectorants, which are too often coupled with the disadvantage of interference with the processes of nutrition by their nauseant influence upon the alimentary tract.

The physical action of this mechanical expectorant is simple. The hyperdistention of the air-cells permits the access of air under pressure to points beside and beyond the masses of mucus clinging to the walls of the bronchioles and alveoli, and excites effective cough, which removes the partially-detached masses. Several of my consumptive patients clear their passages out at bedtime in the manner indicated, and secure a good night's rest, free from disturbance by cough, without the administration of opiates. When they rise to dress they clear the parts of the accumulation over night in like manner, and attack their breakfast with relish. Some individuals have little or no occasion to expectorate during the intervals, and can pursue their vocations relieved of the frequent and recurring plague of an annoying and harrassing cough. The therapeutic advantage of an agent capable of doing this much is incontestable; and it is for the purpose of drawing attention to this simple and inexpensive contrivance, and of having its merits tested on an extended scale, that this article has been written.

If it have any merit, it probably dwells in its mechanical expectorant property plus its effect upon the proverbially hopeful imagination of the consumptive patient.

## Obituary.

DR. FRANK H. DAVIS.—On the 17th inst., at his residence in Chicago, Dr. Frank H. Davis, the worthy son of Prof. N. S. Davis, the founder of the American Medical Association, died in his thirty-third year.

Frank H. Davis was widely and favorably known to the profession as a writer, teacher, and practitioner in his specialty, diseases of the chest. His personal acquaintance was extensive, and by all who knew him he was beloved for his amiability and purity of character, while he was honored and admired for his ardent and conscientious devotion to the advancement of medicine and the amelioration of suffering. In the field of medicine he was a successful laborer; in the home-circle he was an idol. His revered and beloved father, his noble wife, and all his bereaved relatives have our warmest and tenderest sympathy.

## Miscellany.

WHAT PEOPLE USED TO THINK ABOUT.—Dr. Beard, in his pamphlet, "A Reply to Criticisms on the Problems of Insanity," remarks, "Half a century since the population of this country was concentrating almost its entire cerebral force on trying to answer these two questions, 'Who shall be the next president?' and 'Where shall we go when we die?' Those questions are asked now with eagerness and anxiety, but with incomparably less eagerness and anxiety, and far less universally and with less exclusiveness of attention than they were asked by our fathers." [This growing indifference to temporal politics and post-mortem peregrinations is exceedingly reprehensible.]

POST-MORTEM EXAMINATIONS.—We supposed the silly old prejudice against "post-mortem examinations" had died out. The example set by the educated classes has not, it seems, yet wholly dispelled the dense ignorance of the lower orders. A few days ago, at Gloucester, an action was brought by a laboring man against the house-surgeon of the county infirmary to recover the sum of £2 for injuries inflicted on his "feelings" by an examination of the body of his wife, who had died of an obscure malady. It is time this very foolish prejudice became extinct. The ministers of religion (Lancet), who sometimes act with strange folly in the matter, should make it their business to explain the necessity for a verification of the medical opinion formed during life. Pathological research is the only mode of investigation in the interests of the living. The position assumed by the clergy, by boards of guardians, and by magistrates in respect to this matter is not satisfactory. They do not appear to recognize the difference between an inquiry with pathological purposes and a mere anatomical study. Surely persons of average intelligence can not be so obtuse as to confound things which not only differ, but in practice conflict.

A GOOD SORT OF MEASLES.—In a recent report the Medical Officer of Health for the Hyde District (British Medical Journal) adverts to a tradition, that is unfortunately too common among the poorer classes in the North, that it is essential that children should go through measles before adolescence. He says that on inspecting a house in which a case of measles had occurred, and finding the sanitary arrangements satisfactory, he learned that the case was due to an old woman, who, having heard of what she called "a good sort of measles" in the neighborhood, took a child there in order that it might take the infection. Her expectations were so far realized that the child caught the disease, which, however, nearly proved fatal to it. No doubt measles is largely spread in this way, and the question of its effectual prevention is perhaps more an educational than a sanitary one.

CRUSTACEAN PERCEPTION OF LIGHT.—The beautiful experiments of Dewar, in which he ascertained the action of light of different colors upon the retina of various vertebrate animals, by investigating the force of the electrical current which was generated in the retina and optic nerve by the impinging rays, have been repeated on the arthropoda by M. J. Chatin (Lancet). The observations were made chiefly upon beetles and crayfish. The gosteropoda were found inconvenient for the investigation. The maximum deviation of the electro-motor needle was constantly found to be produced by the yellow rays, the next with the green, and the minimum was usually obtained with red light. Hence Dewar's law is as true for the arthropoda as for the vertebrata, that "the maximum effect is produced by those parts of the spectrum which appear to us to be the most luminous—the yellow and the green."

THE DEATH OF MR. TOM TAYLOR.—The medical profession will think regretfully of the death of Mr. Tom Taylor (Lancet). He was a man of culture, and outside his work as a dramatist had a claim upon the respect of the community. As one of the principal contributors, and in late years the editor, of our facetious contemporary Punch, Mr. Tom Taylor was always appreciative of the efforts of the medical profession to relieve suffering and promote the public good. In his writings for the stage and for the leading satirist of the day and age, he showed himself ready and anxious to help, instead of sneering at, the cause of public-health promotion and the endeavors made in good faith, if not always successfully, by the Lancet to inaugurate and advance useful sanitary and hygienic reforms. It is only fitting that we should record the regret we feel at having lost so excellent a friend, and in so doing we express the personal respect and regard which a large circle of friends in the medical profession entertain for the deceased gentleman.

## Selections.

**On a New Method of Arresting Gonorrhea.** Dr. Watson Cheyne, in the British Med. Journal of July 24, 1880, has an article on this subject. His treatment is based on the hypothesis that gonorrhea is due to micrococci. He says:

I have tried the two antiseptics separately and also combined, and I find that they are most effectual when used in combination (possibly because iodoform is soluble to a considerable extent in oil of eucalyptus, and is thus brought into more perfect contact with the mucous membrane). The formula which seems best is five grains of iodoform and ten minims of oil of eucalyptus in a bougie of forty grains. These bougies have been made for me by Mr. Martindale.

The specific cause of the disease being eradicated by this means, the question of further treatment arises. It seems to me that although the development of the gonorrhea is arrested, yet if the discharge be allowed to become septic and irritating urethritis might be kept up for some time. I therefore order an injection of boracic lotion (saturated aqueous solution of boracic acid) or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to forty or twenty ounces) to be used for two or three days. At the end of that time injections of sulphate of zinc, two grains to the ounce, may be begun. At the same time the great tendency of the urethral mucous membrane when once inflamed to remain in a state of inflammation must be kept in mind, and every thing which might tend to keep up the inflamed state must be removed. Notably the patient must be cautioned against drinking, and it is well to order diluents and alkalies.

The method may be summed up as follows: The patient is first told to empty his bladder, partly to clear out his urethra and partly to prevent the necessity of expelling the antiseptic from the canal for several hours. He then lies down on his back, and a bougie from four to six inches long is introduced, and the orifice of the urethra closed by strapping. The bougie ought to be dipped in eucalyptus oil, or in carbolic oil (1 to 20) before insertion. The patient is instructed to refrain from passing water if possible for the next four or five hours. If the case be severe and advanced he takes another bougie home, and is instructed to introduce it in the same manner after he next passes urine. On that evening, or on the following day, he commences the antiseptic injection, which he uses four or five times daily. On the third or fourth day, when the symptoms have entirely subsided, an injection of sulphate of zinc, two grains to the ounce, is begun. At the same time the other points mentioned are attended to.

I have now used this method in about forty cases, and in all the result has been the arrest of the progress of the gonorrhea. For a day or two the purulent discharge continues; but afterward it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days. At the same time the scalding and pain and the symptoms of inflammation rapidly diminish, and disappear completely in about thirty-six to forty-eight hours. In fact the case becomes no longer one of virulent gonorrhea, but one of simple urethritis, rapidly progressing toward recovery if properly treated.

I have used this treatment only in the early stages of the disease, from the first to the seventh day after the commencement of the symptoms; but it has answered equally well in all.

**Incomplete Ovariotomies.**—Dr. Cazin reports a case (*L'Union Médicale*) in which he was obliged to leave a very large unilocular cyst within the abdominal cavity. The wound was kept wide open with care, a carbolic-acid wash used, and a dressing of antiseptic gauze employed. On the twenty-eighth day the elimination of the superficial sloughs was completed with very little suppuration. Dr. Cazin then, without refreshing the edges of the abdominal wound, tried to obtain immediate secondary union. The intestine by its distension held the posterior face of the cyst-wall against the anterior face, which was firmly adherent to the wall of the abdomen. The union of the two was rapid and complete, and the whole wound had healed on the fiftieth day after the operation. Dr. Cazin insists on the fatality observed in cases of this kind, and attributes his success to the caustic action of the carbolic acid retarding suppuration, to the small amount of suppuration in this case, to the care he observed in keeping the abdominal wound wide open instead of closing it, as his predecessors have done, who content themselves with placing a drainage-tube in the lower angle of the wound, and finally to his employment of immediate secondary union, which was remarkable for ease of execution, rapidity of result, and complete harmlessness.—*St. Louis Courier of Medicine.*

**Local Anesthesia by Bromide of Ethyl.**—M. Périer, of Paris, states (*La France Médicale*) that he has employed the bromide of ethyl several times as a local anesthetic, with considerable success. It has the advantage over ether of not being inflammable, and hence can be employed when the actual cautery is to be used.

**A New Method of Treating Large Ulcers of the Leg.**—Mr. Albert Leahy, of Strasbourg University, July 1st, writes to the Medical Times and Gazette:

The following account of a new method of treating ulcers of the extremities may be of some interest to your readers. It has been introduced and successfully practiced in twenty-two cases by Dr. Fischer, first assistant to Prof. Lücke at the "Burger Spital."

F. J., aged forty, a brewer by occupation, has suffered from a varicose ulcer on his left leg for the last five years. Within the last six months the ulcer has rapidly increased in size and now completely surrounds the limb. It gives him great pain and entirely prevents his following his occupation. When admitted into the hospital in June a large and indolent ulcer was seen, about three inches broad, with an irregular surface, presenting numerous large and callous granulations, and possessing a very hard and raised margin. It was situated at the junction of the middle and lower thirds and completely encircled the limb. The surrounding skin was much infiltrated and the seat of eczema rubrum. The internal saphena vein was in a varicose condition throughout its entire course, presenting two dilatations about the size of walnuts just above the knee. There was no history of syphilis. The operation performed by Dr. Fischer for the cure of this ulcer was as follows:

1. Esmarch's elastic bandage was carefully applied to the patient's limb, commencing at the foot and terminating at about the middle of the thigh; the circulation was restrained by the elastic cord and the bandage removed, when the granulations were found to be quite pale and bloodless.

2. To a limb which had been removed half an hour previously, by exarticulation at the hip-joint, for compound comminuted fracture of the femur, Esmarch's elastic bandage was applied, and the leg as high as the knee completely exsanguined; the elastic cord was then tied on and the bandage removed. The limb was then washed in soap and water and afterward sponged in a solution of carbolic acid in water (one in twenty) and then dried. From the lower part of the leg several pieces of cutis and epidemeris were removed, care being taken not to go entirely through the skin, and each piece being about two inches long and one inch broad. With a pair of scissors two or three small snips were made in them to admit of drainage, after which they were placed with the cut surface downward upon the granulations, and a sufficient number used to completely cover the ulcer. They were then covered over with pieces of oiled silk, having small holes in them to allow for the escape of the discharges, and were secured in their places by strips of adhesive plaster. The elastic tourniquet was then removed and the limb placed on a McIntyre's splint and covered with cotton wool.

June 25th: Two days after, the ulcer was dressed. The several pieces of skin were found to have contracted adhesions with the underlying granulations, and upon raising the edge of one of them vessels were seen entering its under surface from the granulations. There was but little discharge, and the patient had not suffered any inconvenience since the operation. The appearance presented by those portions of skin which had contracted adhesions and received vessels was that of a pale bluish, semi-transparent, gelatinous kind; while those which were not fixed were opaque, and of a dead white color.

27th: It was dressed again today, and the whole of the skin was found to have united with the granulations, except three small pieces at the lower margin which had sloughed. There was not much discharge, and the few granulations which were exposed by the sloughing were in a healthy condition, and being covered by cuticle from the edge of the ulcer.

July 1st: The ulcer is almost healed, its entire surface being covered by skin and epidermis. The patient is still to keep his bed for a few days.

*Remarks.* The advantages claimed for this method of treating ulcers are as follows: (*a*) By its means those ulcers which completely surround a limb may be induced to heal rapidly, which is generally unattainable by Reverdin's method. (*b*) There being true skin in considerable quantity in the cicatrix, it is less liable to break down than when only small grafts are used. (*c*) It is especially applicable to those ulcers which from adhesion to the underlying parts can not contract. The theory which Dr. Fischer advances in support of the use of the elastic bandage to the patient's limbs is, that first, the granulations are rendered anemic by the pressure; but that as soon as the tourniquet is removed, fluxion occurs, the granulations become hyperemic; exudation of lymph then occurs on to the under surface of the grafts, and into this exudative matter new vessels quickly grow, and so the flaps of skin are nourished. By applying Esmarch's bandage to the limb from which the grafts are taken he thinks that the risk of any specific or injurious matter being implanted with such large pieces of skin is thereby reduced to a minimum. It is advisable to endeavor to get the granulations as even as possible before grafting, and that the limb (more especially if it is one of the lower extremities) should be covered with one of Martin's elastic bandages for a month or six weeks after the operation.

**A Case of Melanosis in Philadelphia.**—For some months a Philadelphia physician, says the Independent Practitioner, has had under treatment an infant afflicted with the rare disease, melanosis, in an aggravated form. The child was born with a fair complexion, dark eyes, and brown hair. Soon after birth he began to turn dark of skin, the color deepening from yellow to saffron, and finally to black. The color was uniform all over the body, except at the joints, where it was a little darker, and in the palms of the hands, where it was lighter. The once brown hair grew stiff and jet black, and the eyes also grew darker, so that the line between the pupils and the iris could not be distinguished.

In spite of medical treatment the boy grew worse, and became very weak, all the time the color of his skin deepening. At last he became as black as a full-blooded negro. Then he was attacked by convulsions, which grew more frequent and violent until they threatened the child's life. It was in one of these that Dr. Reynolds was called in. He succeeded in curing the spasms, and then devoted his attention to the strange disease which afflicted the child. He at once recognized it as melanosis or pigmentation, which is mentioned in the books in a general way, but there is no case given where it had developed all over the body. This was more than sixteen months ago, the child being then thirteen months old.

Since then the boy has greatly improved, by degrees becoming lighter, until now he is of a light chestnut-brown color. The case has attracted much attention from physicians.